

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043338

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 158

FILED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Troy BEDFORDLength of stay in lb
3 Daysc. FULL NAME OF (If NOT in hospital, give location) Hosp.
HOSPITAL OR INSTITUTION Lincoln Co. MemorialInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Warren

c. CITY OR TOWN Wright City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Sandra Dee Dierker4. DATE OF DEATH Month Day Year
November 19, 1962

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/3/1961

9. AGE (last birthday)

1

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baby

10b. KIND OF BUSINESS OR INDUSTRY

Baby

11. BIRTHPLACE (City and state or country)

Troy, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles Dierker

13b. MOTHER'S MAIDEN NAME

Melba Mae Owens

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Charles Dieker-

Address
Ofallon, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Asphyxiation
Viral PneumoniaINTERVAL BETWEEN
ONSET AND DEATH

4 DAYS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-17-62 to 11-19-62 and last saw her alive on 11-19-62
Death occurred at 8:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. E. Pitman

(Degree or title)

MD.

22b. ADDRESS

Troy Missouri

22c. DATE SIGNED

11-20-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

11/21/1962

23c. NAME OF CEMETERY OR CREMATORY

Wright City Methodist

23d. LOCATION (City, town, or county)

Wright City

(State)

Mo.

24. FUNERAL DIRECTOR

T. E. Pitman Funeral Home
909 Pitman Ave. Wentzville, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

11-20-1962

26. REGISTRAR'S SIGNATURE

Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0570

21090

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Carlton J. Pitman

Licensed Embalmer No.

4974

P. O. Address

Centerville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.